

Montana's Public Health System: *Citizen's Perceptions and Funding*

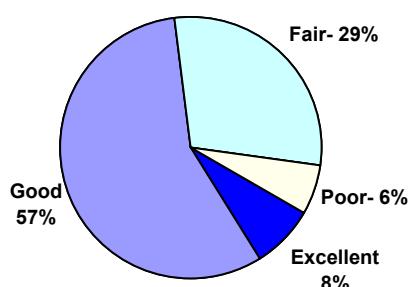
In 2004, the Public Health and Safety Division of DPHHS added questions to the on-going Behavioral Risk Factor Surveillance System (BRFSS) survey to assess the knowledge and attitudes of Montana adults about the functions of public health in the state and their importance to the health of the community. The public, in general, has limited awareness of what public health is and what it does. When asked what adult Montanans think of when they hear the term "public health", only about one-third understand it to be "policies and programs that maintain healthy living conditions" and "protecting the population from disease." More than one-half of the population ***misconceives*** public health as being "government provided health care services to the poor."

Perception of Montana Adults about the Importance of Basic Public Health Functions ^[1]	
<i>How important do you think each of the following is to improving the health of the public?</i>	VERY IMPORTANT
Prevention of the spread of infectious diseases...	88%
Conducting medical research into the causes and prevention of diseases...	87%
Immunization to prevent diseases...	83%
Making sure people are not exposed to unsafe water supply, air pollution or toxic waste...	83%
Working to reduce death and injuries from violence...	78%
Encouraging people to live healthier lifestyles, to eat well, and not to smoke...	70%
Working to reduce death and injuries from accidents at work, in the home and on the streets...	65%
Encouraging people to exercise more, lose and control their weight...	64%

While many Montana adults cannot accurately describe the role of public health, when asked how they rank specific public health functions, most think basic public health functions are "very important."

The role of the public health system is to assure the conditions necessary for people to live healthy lives through community-wide prevention and protection programs. Public health serves communities and individuals by providing an array of essential programs and services, as shown in the adjacent table.

How Would You Rate the Montana System of Protecting the Public Health? ^[1]



Two-thirds of the Montana adult population rated the Montana system of protecting the public health as "good" to "excellent" in the 2004 BRFSS survey.

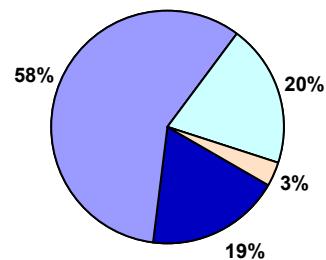
While the majority of Montana adults feel that the public health system is doing an excellent (8%) to good (57%) job in protecting the health of the population, there is room for improvement. Thirty-five percent of adults think that we are doing a fair (29%) to poor (8%) job in this regard.

^[1] Montana Department of Public Health and Human Services (DPHHS). Montana Behavioral Risk Factor Surveillance System Survey Data. Helena, Montana: Montana DPHHS, Public Health and Safety Division, 2004.

Fifty-eight percent of Montana adults feel more dollars should be allocated to public health.

From national budget reviews, approximately 3 percent of the total national health expenditures go to population-wide public health services and prevention activities, while 97 percent go to personal medical treatment.^[3] The majority of adult Montanans feel that we should be spending relatively more on public health than we are currently spending.

How Do You Feel About the 3% vs. 97% Balance of National Health Spending? ^[2]



- Balance about right
- Spend more on public health
- Spend more on medical treatment
- None of the above

Nationally, Montana ranks next to last (46th of 47 states) in providing state direct funding to local health departments.

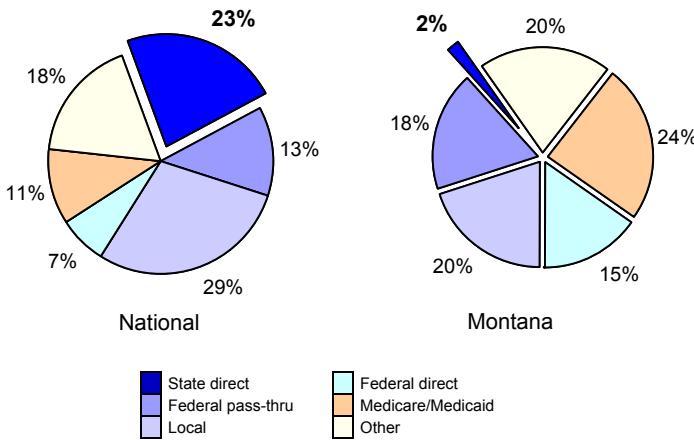
Awareness of what public health does is limited partly because we do a good job at preventing population-borne illnesses and disease. Public health functions become obvious typically when there is a crises or threat, as in an *E. coli* outbreak or drinking water contamination. However, in reviewing local health department sources of revenue to maintain essential public health functions, Montana ranks almost dead last in providing **state direct dollars** to local communities to perform these essential services.

Total Local Health Department (LHD) Revenues ^[4]			
LHD Revenue Source	NATIONAL* (n = 1,939)	MONTANA (n = 34)	MT RANK (of 47 states)
State direct	23%	2%	46th
Federal pass-through	13%	18%	23rd
Local: city and county	29%	20%	30th
Federal direct	7%	15%	3rd
Medicare and Medicaid	11%	24%	7th
Other sources**	18%	20%	11th

* 47 states (excludes Hawaii, Rhode Island, South Dakota)

** Regulatory and patient personal fees and other sources (e.g., private foundations)

Total Local Health Department Revenues ^[4]



While the median per capita local health department expenditure in Montana is \$27, less than 18 cents of this amount is from state direct sources. ^[4]

Local health departments in Montana rely heavily on **direct federal dollars** (ranking 3rd in the nation) and are in the top half of the states receiving **federal pass-through dollars** to operate (ranking 23rd in the nation). Building the resources and relationships to carry out the core functions and essential services of public health, that is, the **public health infrastructure**, is necessary if we are to fulfill the mission of improving the health of Montanans to the highest possible level.

^[2] Ibid.

^[3] Center for Medicare and Medicaid Services (CMS). *National Health Expenditures and Selected Economic Indicators, Levels and Average Annual Percent Change: Selected Calendar Years 1990-2013*. Washington, D.C.: CMS, Office of the Actuary, 2004.

^[4] National Association of County & City Health Officials (NACCHO). *2005 National Profile of Local Health Departments*. Washington, D.C.: NACCHO, 2005.